DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FORM FOR NON-IMPACT PRINTER

the spec	cification of which	n (check one)			
<u>x</u>	is attached hereto.				
		under .	Attorney's Docket Numb	Der	
			erstand the contents of ded by any amendment (
			ion which is material to le of Federal Regulations		
applicat any fore	ion(s) for patent o eign application fo	or inventor's certific	r Title 35, United States cate listed below and ha r's certificate having a f		
Prior Foreign Application(s)				Priority Claimed	
Yes (Numbe		(Country)	(Filing Date)		
United Sclaims of provided the duty Section	States application of this application d by the first para to disclose mate 1.56(a) which oc	(s) listed below and is not disclosed in graph of Title 35, t erial information as	United States Code, Sec defined in Title 37, Code e filing date of the prior	matter of each of the application in the manner tion 112, I acknowledge e of Federal Regulations,	
09/102,8 09/097,2		ne 23, 1998 ne 12, 1998	pending pending		
08/049,9		pril 20, 1993	issued (5,836,622		

(Status-patent, pending, abandoned)

(Filing Date)

(Appln. Serial No.)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ted W. Whitlock

POST OFFICE ADDRESS:

Reg. No. 36,965

Send correspondence to Ted W. Whitlock, Laser Substrates, Inc., 6251 Park of Commerce Boulevard, Boca Raton, Florida 33487 and direct all telephone calls to Ted W. Whitlock at (561)995-1000.

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INVENTOR'S SIGNATURE:	DATE:
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CITIZENSHIP: U.S.A.	